

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL IND.	6	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	72	←	←	←	←	←	TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	78	█	█	█	█	█	TOTAL CLAIMS	█	█	█	█	█	█

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS